

TECHNICAL ASSISTANCE (TA) REQUEST FORM

TA Requestor: _____

Date _____

(State or local jurisdiction requesting TA)

Please describe the nature and extent of the issue or problem you are experiencing:

Catalog Number of TA Service Requested: _____

Catalog Title of TA Service Requested: _____

Jurisdiction Level to Receive TA: State

Local

Both

Regional

Additional Information: _____

Request is consistent with the technical assistance goals, projected needs, and priorities addressed in the statewide strategy.

☐ Yes. If "yes," please list the strategy goal/objective: _____☐ No. If "no," please attach an explanation or strategy update justifying this need for technical assistance or redefining goals, objectives, and priorities.

Desired Delivery Dates/Timeline: _____

Anticipated Number of TA Participants: _____

Additional Information on Specific Needs: _____

TA Requestor Point of Contact Information:

Name: _____

Title: _____

Phone Numbers: _____

E-mail Address: _____

SAA Authorized Signature _____

ODP Preparedness Officer Signature _____

Date _____

Date _____